



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of	)	
Olivier de LACHARRIERE et al.	)	Group Art Unit: 1654
Application No.: 09/902,266	)	Examiner: M. Flood
Filed: July 11, 2001	)	Confirmation No.: 8334
For: VITAMIN/METAL SALT COMPOSITIONS FOR REDUCING	)	
HAIR LOSS AND/OR PROMOTING HAIR REGROWTH	)	

## SUBMISSION ACCOMPANYING REQUEST FOR CONTINUED EXAMINATION PURSUANT TO 37 C.F.R. §1.114

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In connection with Applicants' Request for Continued Examination, and in response to the Official Action mailed June 17, 2003, Applicants provide the following amendments and remarks.

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Attorney's Docket No. <u>016800-454</u>

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Olivier	de L	ACHARE	IERE et al.	Group Art Unit: 1654
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			REQUEST FOR CONTI	NUED EXAMINATION FAL LETTER
MAIL	STO	P RCE		
P.O. B	ox 14:	er for Pat 50 VA 2231		Customer No. <b>2 1 8 3 9</b>
Sir:				
[ ] \$3			equests continued examination [X] \$770.00 (1801) fee due u	n under 37 C.F.R. § 1.114 and enclose the nder 37 C.F.R. § 1.17(e).
1. [X]	A.	entered.	nt(s) requests that any previo Continued examination is r d in item 2 below.	usly unentered after final amendments <u>not</u> be equested based on the enclosed documents
[]	В.	examina	tion is requested:	e following documents for which continued bly under 37 C.F.R. § 1.116 previously filed on _
		[ ] C	onsider the arguments in the	Appeal Brief or Reply Brief previously filed on _
		[ ] O	her:	
2.	The f [X] [ ] [ X] [ X] [ X]	Amendr Affidavi Informa Petition	documents are enclosed with nent/Reply. t(s)/Declaration(s). tion Disclosure Statement (II for Extension of Time.	OS).
3.	[ ] [X] [X]	No addi The fee	atity status is hereby claimed tional claim fee is required. is calculated below on the ba is application prior to this su	sis of the highest number of claims already paid

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(10/03)

		CLA	I M S		
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	Fee
Basic Fee					\$770.00 (1001)
Total Claims	37	MINUS 97 =	0	× \$18.00 (1202) =	
Independent Claims	19	MINUS 37 =	0	× \$86.00 (1201) =	
If multiple dependent	claims are p	resented, add \$290.0	00 (1203)		
Total Fee					770
If small entity status is	s claimed, su	btract 50% of Total	Fee		
TOTAL FEE DUE				\$770	

4.	[]	A check in the amount of \$_	is enclosed	for the fee due.
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- 5. [X]Charge \$ 770 to Deposit Account No. 02-4800 for the fee due.
- 6. Applicant(s) requests suspension of action by the Office until at least \_, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: December 15, 2003

Martin A. Bruehs

Registration No. 45,635

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